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Faith-Integrated Education and Rabies Prevention Behaviors among Dog-Owning Households: A Qualitative Phenomenological Study in Indonesia

Marianus Oktavianus Wega[1], Maria Kornelia Ringgi Kuwa[1], Maria Sofia Anita Aga [1]

[1] Stikes St. Elisabeth Keuskupan Maumere, Provinsi Nusa Tenggara Timur (NTT), Indonesia

Correspondence to
Maria Kornelia Ringgi Kuwa;
mariaorneliaringgikuwa@gmail.com

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ABSTRACT

Background: Rabies remains a persistent public health threat in Indonesia, especially in regions with high dog populations and limited community awareness. In Sikka Regency, cultural beliefs and strong religious influence shape community behaviors related to animal care and disease prevention. This study aimed to explore how religious values–based education influences community understanding and preventive behaviors toward rabies within a predominantly Catholic rural community

Methods: This study used a qualitative phenomenological design guided by Colaizzi's descriptive approach to explore participants' lived experiences. The study setting was Kolisia Village, Magepanda Subdistrict, Sikka Regency. Participants were recruited using purposive sampling based on inclusion criteria: adults aged ≥18 years, dog owners, and residents of Kolisia Village. Individuals with cognitive impairment were excluded. A total of 50 participants were included. Data were collected through face-to-face semi-structured interviews, field observations, and researcher reflexive journals. Interviews lasted 20–30 minutes, were audio-recorded, and transcribed verbatim. Data analysis followed Colaizzi's seven-step method, including extracting significant statements, formulating meanings, clustering themes, and returning findings to participants for validation (member checking). Research rigor was ensured through triangulation, audit trails, and peer debriefing. Ethical approval was obtained from the Research Ethics Committee of Universitas Bunda Thamrin

Result: Analysis revealed three major themes: (1) Religious Values as Moral Motivation, describing how participants viewed rabies prevention as a moral and spiritual duty; (2) Transformation of Health Beliefs, showing increased perceived susceptibility and seriousness of rabies after receiving faith-integrated education; and (3) Community Empowerment Through Faith Leaders, reflecting the influential role of pastors in reinforcing preventive behaviors. These themes highlight a novel framework linking religious teachings with public health behavior change.

Conclusion: Religious values–based education enhances community motivation, understanding, and preventive behaviors toward rabies in culturally rooted settings. Integrating faith perspectives into public health programs may strengthen rabies control strategies in rural Indonesia. Future studies should examine long-term impact and scalability of faith-based interventions.

Keywords: Rabies Prevention; Health Behavior; Religious Values; Phenomenology; Community Health

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Implications for Research, Practice, or Policy

- Integrating religious values into community health education can enhance motivation, adherence, and engagement in rabies prevention behaviors, particularly in culturally and faith-oriented populations.
- Collaboration between healthcare workers and religious leaders, along with faith-integrated health communication, can improve trust, message acceptance, and culturally sensitive education in rural communities.
- Public health policies and training for healthcare professionals that include faith-based approaches can increase vaccination uptake, responsible dog ownership, early treatment-seeking, and the overall effectiveness of zoonotic disease prevention programs.

INTRODUCTION

Rabies remains a critical global public health concern due to its almost 100% case fatality rate once clinical symptoms appear (Acharya et al., 2020). Despite being entirely preventable, rabies continues to cause tens of thousands of deaths annually, predominantly in low- and middle-income countries where dog-mediated transmission is common (Das et al., 2025). The World Health Organization has launched a global initiative targeting the elimination of dog-mediated human rabies by 2030, emphasizing the need for strong surveillance and community-based interventions (Hasanov et al., 2018).

In Indonesia, rabies remains endemic in several provinces, with recurring outbreaks associated with low vaccination coverage, large free-roaming dog populations, and cultural beliefs that influence dog ownership (Rehman et al., 2021; Nurfaisyah et al., 2024). In regions such as Sikka Regency, East Nusa Tenggara, the persistence of rabies cases reflects gaps in community awareness, preventive practices, and participatory engagement in public health programs (Syah et al., 2025).

Previous research indicates that knowledge alone is insufficient to change rabies-related behaviors; social norms and cultural or religious influences often shape health decisions more strongly (Christopher et al., 2021; Mbilo et al., 2017). Some studies highlight the effectiveness of religious or value-based approaches in strengthening motivation and adherence to health-related behaviors, suggesting that community trust in religious leaders enhances message acceptance (Abu-Ras et al., 2024; Day et al., 2025).

Given the strong Catholic identity of the Sikka community, religious teachings may serve as a culturally aligned mechanism for reinforcing rabies prevention. However, there is limited empirical research on how faith-integrated education influences zoonotic disease prevention behaviors in rural Indonesia—representing a clear gap addressed by this study.

METHODS

Study Design

This study employed a qualitative phenomenological research design, guided by Colaizzi's descriptive phenomenological approach, to explore community experiences related to rabies prevention through religious values–based education.

Phenomenology was selected because the primary objective of the study was to understand the lived experiences, meanings, and perceptions of dog-owning community members regarding rabies prevention when health education was integrated with religious values. This approach is particularly appropriate when the focus is on how individuals interpret and give meaning to a phenomenon within their sociocultural and spiritual context. Given that rabies prevention behaviors in Sikka Regency are deeply influenced by religious beliefs and moral values, phenomenology allowed for an in-depth exploration of participants' subjective experiences beyond surface-level knowledge or attitudes.

The research was conducted in Kolisia Village, Magepanda Subdistrict, Sikka Regency, East Nusa Tenggara, Indonesia, a predominantly Catholic rural community. The village was characterized by a high proportion of dog-owning households and strong influence of religious leaders, particularly the parish priest, in shaping community norms and behaviors. This setting significantly influenced the findings, as religious teachings and moral obligations were closely intertwined with daily life and health-related decision-making. The strong role of faith institutions created an environment in which religious values–based education was perceived as trustworthy, meaningful, and morally compelling, thereby shaping participants' interpretations of rabies prevention as both a health responsibility and a spiritual duty.

Research Team and Reflexivity

The research team consisted of three researchers with backgrounds in nursing, community health, and public health, all affiliated with Stikes St. Elisabeth Keuskupan Maumere. The researchers had prior experience in community-based health education and qualitative research methods, including conducting interviews, thematic analysis, and community engagement in rural settings. This disciplinary background enabled the researchers to understand both the biomedical and sociocultural dimensions of rabies prevention.

Before the study began, the researchers had no personal or familial relationships with the participants. Initial contact with the community was facilitated through village leaders and religious authorities solely to gain permission and community trust, not to influence participation or responses. Participants were informed that the researchers were acting as independent investigators, and participation was entirely voluntary.

To minimize researcher bias and enhance reflexivity, several strategies were employed. Researchers maintained reflexive journals throughout data collection and analysis to document personal assumptions, emotional responses, and potential influences on data interpretation. Regular peer debriefing sessions were conducted among the research team to critically reflect on emerging themes and challenge individual interpretations. Methodological rigor was further strengthened through data triangulation, combining interview data, field observations, and researcher notes, as well as member checking, where preliminary findings were returned to participants for validation. These strategies ensured that the findings accurately reflected participants' lived

experiences rather than researchers' preconceptions.

Participants

Participants were selected using purposive sampling to ensure relevance to the research phenomenon. The inclusion criteria were: (1) adults aged 18 years or older, (2) residents of Kolisia Village, Magepanda Subdistrict, (3) individuals who owned one or more dogs, and (4) willingness to participate in the study. The exclusion criteria included individuals with cognitive impairment or communication difficulties that could limit their ability to provide informed and meaningful responses during interviews.

Participant recruitment was conducted through voluntary participation, facilitated by coordination with village authorities and religious leaders to introduce the study to the community. Potential participants were approached in person and provided with information regarding the study objectives, procedures, and ethical considerations. Individuals who met the inclusion criteria and expressed interest were invited to participate.

A total of 55 eligible community members were initially contacted. Of these, 50 participants agreed to participate and completed the study, while five individuals declined participation. The reasons for refusal included time constraints (n = 3) and lack of interest (n = 2). No participants withdrew after enrollment.

All participants were fully informed of the study's aims, methods, and expected duration prior to providing consent. They were informed that the study focused on exploring community experiences and perceptions related to rabies prevention through religious values–based education. Written and verbal informed consent was obtained from all participants before data collection began.

Participants did not receive any financial incentives, gifts, or material compensation for their participation. Their involvement was entirely voluntary, and they were assured that declining or withdrawing from the study would have no negative consequences.

Data Collection

Data collection took place in September 2025, following ethical approval, and was conducted at Kolisia Village Hall and participants' homes in Kolisia Village, Magepanda Subdistrict, Sikka Regency, Indonesia. These familiar and neutral settings were chosen to promote participant comfort and encourage open discussion.

Data were collected using face-to-face, semi-structured in-depth interviews, supplemented by field observations and researcher reflexive journals. The interviews were conducted in the local language and facilitated by trained researchers experienced in qualitative interviewing. Each interview lasted approximately 20–30 minutes, depending on participant engagement and depth of responses.

The interview guide was developed based on the study objectives and existing literature on rabies prevention and faith-based health education. Core interview questions explored participants' understanding of rabies, perceptions of risk, preventive behaviors, and experiences with religious values–based education. Sample guiding questions included:

- *"Can you describe your understanding of rabies and how it can be prevented?"*
- *"How do religious teachings influence your views on caring for animals and preventing disease?"*
- *"What changes, if any, have you experienced in your behavior toward rabies prevention after the education session?"*

- *"What role do religious leaders play in encouraging rabies prevention in your community?"*

All interviews were audio-recorded with participants' permission and transcribed verbatim. To ensure accuracy, transcripts were cross-checked against audio recordings by the research team. Any discrepancies were discussed and corrected through consensus.

Participants were given the opportunity to review and confirm the preliminary findings through member checking, ensuring that the interpretations accurately reflected their experiences and perspectives.

Data saturation was determined when no new themes, codes, or significant insights emerged from successive interviews. Saturation was reached by the 47th interview; however, all 50 interviews were completed to ensure completeness and confirm thematic redundancy.

Data Analysis

Data analysis was conducted using Colaizzi's seven-step descriptive phenomenological method, which is widely applied in qualitative health research to explore lived experiences in a systematic and rigorous manner. This approach was chosen to ensure that participants' narratives were analyzed in depth while remaining faithful to their original meanings.

The analysis began with repeated reading of all interview transcripts to achieve immersion in the data. Significant statements related to rabies prevention, religious values, and behavioral change were then identified and extracted from each transcript. These statements were coded manually, as no qualitative data analysis software was used in the analysis. Manual coding was deemed appropriate due to the manageable dataset and to allow close engagement with participants' narratives.

Next, formulated meanings were derived from the significant statements through interpretive reflection while maintaining alignment with participants' original expressions. These meanings were subsequently clustered into theme categories by identifying patterns and similarities across participants' accounts. Through iterative comparison and refinement, overarching themes were developed that captured the essence of the phenomenon under study.

Data analysis was conducted collaboratively by multiple members of the research team. Each researcher independently reviewed transcripts and preliminary codes to enhance analytical rigor. Regular team discussions were held to compare interpretations and ensure consistency in coding. Any discrepancies or disagreements in coding or theme interpretation were resolved through consensus-based discussion, supported by returning to the original transcripts to preserve contextual accuracy.

To enhance analytical credibility, the final thematic structure and exhaustive descriptions were shared with selected participants for validation, consistent with the final step of Colaizzi's method. This process ensured that the findings accurately reflected participants' lived experiences. The analytic procedures were guided by established qualitative methodological references, including Colaizzi's phenomenological framework and contemporary qualitative research standards.

Trustworthiness and Rigor

Trustworthiness and methodological rigor were ensured using criteria of credibility, dependability, confirmability, and transferability, following established qualitative research frameworks.

Credibility was enhanced through methodological triangulation, combining data from in-depth interviews, field observations, and researcher reflexive journals. Member checking was conducted by returning preliminary findings to participants to confirm

the accuracy and resonance of interpretations. Additionally, peer debriefing among the research team allowed for critical reflection on emerging themes and minimized individual researcher bias.

Dependability was ensured by maintaining a clear and systematic audit trail, documenting all stages of the research process, including participant recruitment, data collection procedures, analytic decisions, and theme development. This transparent documentation allows the research process to be traced and evaluated by external reviewers.

Confirmability was addressed through the use of reflexive journals, in which researchers recorded personal assumptions, methodological decisions, and analytic reflections throughout the study. These records helped demonstrate that the findings were grounded in participants' data rather than researchers' preconceived notions. Independent coding by multiple researchers further supported confirmability.

Transferability was supported by providing a thick description of the research context, participant characteristics, and sociocultural setting. Detailed reporting of the community's religious and cultural background enables readers to assess the applicability of the findings to similar faith-oriented or rural settings.

Ethical Consideration

Ethical approval for this study was obtained from the Research Ethics Committee of Universitas Bunda Thamrin, and all participants provided written and verbal informed consent prior to data collection.

RESULTS

The results showed differences in the knowledge, attitudes, and practices of dog-owning households regarding rabies prevention before and after receiving religious values–based education.

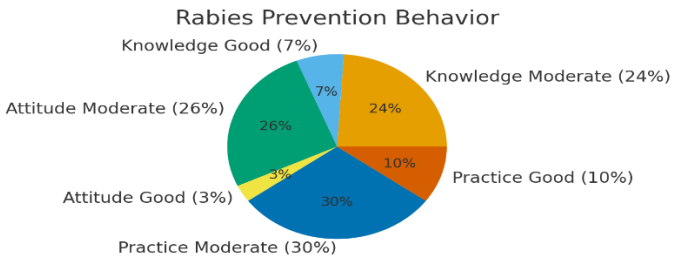

Figure 1. Rabies Prevention Behavior Before Education

The **figure 1** illustrates the distribution of community behavior related to rabies prevention prior to the educational intervention. Overall, the results show that most respondents were in the moderate category across all three components—knowledge, attitudes, and practices. A total of 24% of participants demonstrated moderate knowledge about rabies prevention, while only 7% achieved a good level of understanding. Attitudes toward rabies prevention also reflected a similar pattern, with 26% categorized as moderate and only 3% falling into the good category. Preventive practices showed the highest proportion in the moderate category at 30%, whereas only 10% of participants exhibited good preventive behavior. These findings indicate that before receiving religious values–based education, the community had some awareness and engagement in rabies

prevention, yet their overall behavior was not strong enough to provide adequate protection against the risk of rabies transmission. The predominance of moderate responses suggests that the community required further guidance and reinforcement to improve their preventive actions and achieve a higher level of readiness in dealing with rabies.

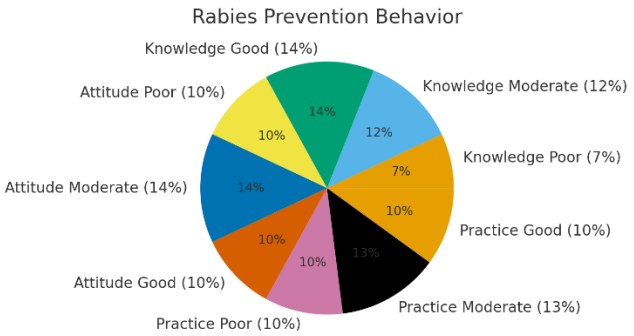

Figure 2. Rabies Prevention Behavior After Education

The **figure 2** illustrates the distribution of rabies prevention behaviors among dog-owning households, categorized into levels of knowledge, attitudes, and practices. Overall, the results show that the community displayed a wide range of responses, with most participants falling within the moderate and good categories across all three behavioral domains. Knowledge levels were distributed as 7% poor, 12% moderate, and 14% good, indicating that while a portion of the community still lacked essential understanding, almost one-quarter demonstrated adequate to strong knowledge of rabies prevention. Attitudes toward rabies prevention also varied, with 10% categorized as poor, 14% moderate, and 10% good, reflecting a generally positive orientation but with room for improvement in consistency and conviction. Preventive practices showed a similar pattern, with 10% reporting poor practices, 13% moderate, and 10% good. This distribution suggests that while some households actively engaged in preventive behaviors, many remained in the mid-level category where behaviors were present but not yet optimal. In summary, the figure highlights that although foundational awareness and preventive actions existed within the community, a substantial proportion of households still required reinforcement and targeted education to achieve stronger and more consistent rabies prevention behaviors.

DISCUSSION

Education is one of the fundamental strategies for reducing the incidence of rabies in communities, particularly in areas where awareness and preventive practices remain low. The results of this community service program demonstrate that its objectives were successfully achieved, as evidenced by the significant improvements in the community's knowledge, attitudes, and preventive practices after receiving religious values–based health education. This improvement indicates that an educational intervention embedded within religious frameworks is more readily accepted, better understood, and more deeply internalized by participants.

The success of this approach aligns with the principle that health messages framed in accordance with local norms, cultural values, and belief systems have greater transformative power compared to conventional or purely biomedical education. Rabies is not only a biomedical issue but also a behavioral one, and therefore requires communication strategies that resonate with the community's moral and cultural worldview. In this context, religious teachings serve as a meaningful channel of

influence, shaping how individuals interpret responsibilities, risks, and ethical duties related to health.

From a theoretical standpoint, health behavior change is influenced by three core components: knowledge**,** attitude**, and** practice (KAP)**.** Religious values in this intervention functioned as a reinforcing factor, strengthening intrinsic motivation by framing rabies prevention as a moral obligation and a form of religious devotion. When health behaviors are perceived not only as beneficial but also as morally or spiritually required, individuals are more likely to adopt and maintain them. This integrative model provides an additional psychological dimension that enhances the internalization of health messages, making behavioral change more sustainable over time.

The findings of this study are consistent with previous research. Aung et al. (2021) in Myanmar found a significant increase in rabies-related knowledge and preventive practices among primary school teachers after receiving structured health education, demonstrating the effectiveness of targeted educational strategies. Similarly, Christopher et al. (2021) in Bali, Indonesia, reported that rabies awareness programs improved community attitudes and preventive actions significantly. Beyond these examples, other studies have emphasized that religious integration in health education can enhance community commitment to healthy behaviors because such actions are perceived as aligned with religious teachings, moral values, and communal identity.

Taken together, these findings suggest that religious values–based health education can produce a more profound and sustained behavioral impact compared to traditional health promotion methods. By grounding health messages in spiritual meaning and moral responsibility, this approach reinforces both cognitive understanding and emotional motivation, ultimately contributing to more effective rabies prevention at the community level.

Practical Applications of the Findings

The findings offer practical guidance for nurses, community health workers, religious leaders, and policymakers. Practitioners can integrate religious values into health education sessions to promote more impactful communication, particularly in rural areas where religious teachings hold strong influence. Healthcare professionals may collaborate with local pastors or religious institutions to disseminate rabies prevention messages through sermons, community gatherings, and pastoral visits. Policymakers can incorporate faith-based health promotion into rabies elimination strategies at the regional level. Overall, the study demonstrates that religiously grounded education is a culturally acceptable, cost-effective, and sustainable approach to improving public health behaviors in high-risk communities.

Limitations

This study is subject to several limitations. The sample size was relatively small and limited to a single village in Sikka Regency, which may affect the representativeness and generalizability of the findings. The homogeneity of the population—predominantly Catholic and culturally unified—means that the results may not translate directly to more diverse communities. Additionally, self-reported behaviors may be influenced by social desirability bias, especially when discussing religious or moral topics. Future studies should include multiple sites, larger and more diverse samples, and longitudinal follow-up to assess long-term sustainability of behavior change.

CONCLUSION

This study concludes that religious values–based education is an effective strategy for improving community behavior toward rabies prevention in Sikka Regency. By integrating spiritual meaning into health messages, the intervention strengthened cognitive understanding, moral responsibility, and motivation to act, supporting the principles of the Health Belief Model and expanding current knowledge on culturally grounded public health interventions. The key takeaway is that faith-integrated health education can enhance disease prevention efforts in culturally rich, rural communities, offering a valuable model for future research and public health practice.

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Contributors

Marianus Oktavianus Wega: Conceptualization, Methodology, Writing – original draft.

Maria Kornelia Ringgi Kuwa: Data curation, Investigation, Writing – review & editing.

Maria Sofia Anita Aga: Formal analysis, Validation, Supervision.

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Conflicts of interest

Not declared.

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